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CONFIRMATION NO. 4391

<b>SERIAL NUMBER</b> 09/652,838	<b>FILING OR 371(c) DATE</b> 08/30/2000 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2675	<b>ATTORNEY DOCKET NO.</b> 62994
<b>APPLICANTS</b> Christer Fahraeus, Lund, SWEDEN; Petter Ericson, Malmo, SWEDEN; Linus Wiebe, Malmo, SWEDEN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/152,642 09/07/1999 and claims benefit of 60/208,168 05/31/2000 and claims benefit of 60/210,654 06/09/2000				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9903051-2 08/30/1999 SWEDEN 0000953-0 03/21/2000 SWEDEN 0001239-3 04/05/2000				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/18/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 46
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 2292				
<b>TITLE</b> Position Code Bearing Notepad Employing Activation Icons				
<b>FILING FEE RECEIVED</b> 3100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	